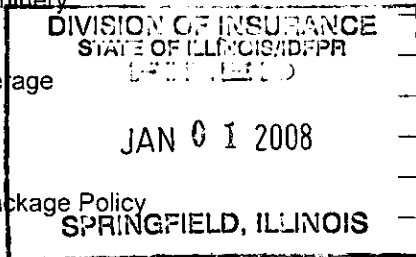


Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision effective 1-1-2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Package Policy		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>49,775,028</u>	<u>+ 3.8</u>
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

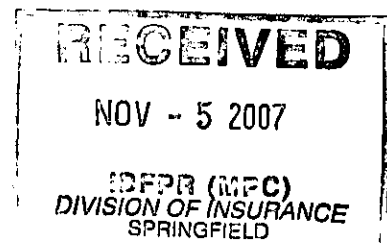
We are adopting the NCCI 2008 Advisory Rates from NCCI Bulletin, IL-2007-05.

* Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

ACUITY, A Mutual Insurance Company
Name of Company

Diane Udovich
Regulatory Filing Technician
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$2,160,785	3.30%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

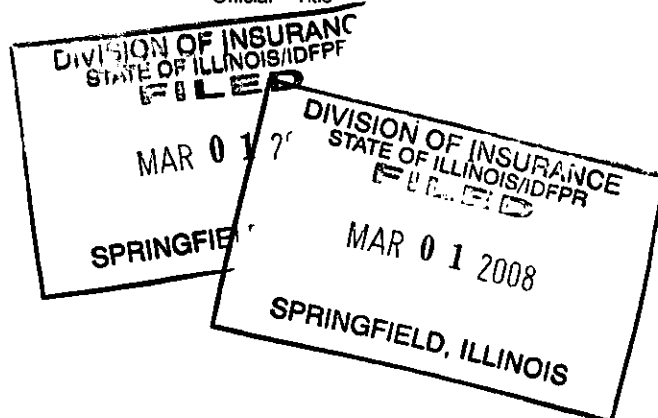
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI
IL-2007-05). In addition, we are filing to change our Schedule Rating Plan to allow +/-50% and to lower the premium threshold from
\$5,000 to \$1,000.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Addison Insurance Company
 Name of Company

Allen R. Sorensen, VP - Corporate Underwriting
 Official - Title



SUMMARY SHEET

NOV 19 2007

January 1, 2008

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,477,733	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

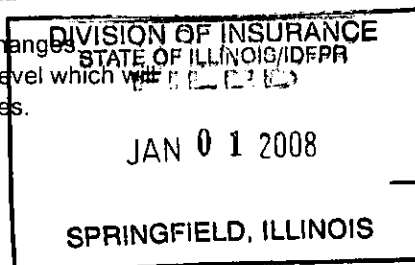
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes

** Change in Company's premium level which will result from application of new rates.



AIG Casualty Insurance Company

Name of Company

Joseph Russo

Assistant Manager of State Filings

Official - Title

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 02/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto		0.00%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail	7,931,955	0.00%
15. Other Workers Compensation	7,931,955	1.60%
Life of Insurance		

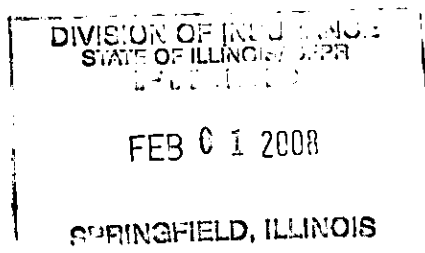
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: Does not only apply to certain classes or territory.Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

The intent of this filing is to adopt the Illinois workers compensation voluntary advisory rates as filed by

NCCI on behalf of carriers authorized in Illinois and approved by the Illinois Department of Insurance to be used effective February 1, 2008. However, our final rates (see attached rate pages)

are slightly modified due to our having to separate the Advisory Rates by class into two components - a loss cost component and a loss cost modifier component. In this case a 1.57. Our policy issuance system can only accommodate

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

AmCOMP Assurance Corporation

Name of Company

KREY

Melody Misiaszek

Official--Title

MAR 07 2008

SOS - ISL - CODE UNIT

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 02/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto		0.00%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail	5,286	0.00%
15. Other Workers Compensation	5,286	1.60%
Life of Insurance		

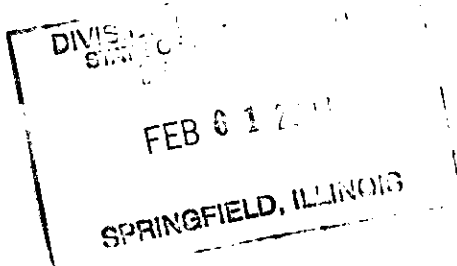
Does filing only apply to certain territory (territories) or certain
classes? If so, specify: Does not only apply to a certain territory or certain classes.Brief description of filing. (If filing follows rates of an advisory
organization, specify organization):

AmCOMP Preferred Insurance Company rate filing to be effective 02.01.2008. AmCOMP is filing a 1.68

LCM to apply to the 01.01.2008 NCCI loss costs. AmCOMP will continue to use its scheduled rate plan as is on file with the Department and will adopt effective February 1, 2008 all other advisory rates and rating values as

were filed by NCCI on our behalf and approved by the Department effective January 1, 2008. A \$1,000 Minimum Premium will be applicable to all classes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

AmCOMP Preferred Insurance Company

Name of Company

FILED

Melody Misiaszek

Official--Title

MAR 17 1983

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	\$147,512	1.6%

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2008

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Automobile Insurance Co

Name of Company

Official — Title

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/24/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WORKERS COMPENSATION	49,473	+4.0% OVERALL
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI 1/1/2008 Advisory Loss Cost as filed in filing circular IL-2007-05 (+1.6% for Industrial classes, -10.2% overall for F-classes and +4.0% overall.) LCM 1.63

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Fuji Fire & Marine Ins. Co.

Name of Company

Filing ID: AF-WC-IL-7-2703-LC

Joel Walcott - Vice President

Official - Title

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$2,249,145	+5.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

<p>* Adjusted to reflect all prior rate changes.</p> <p>** Change in Company's premium level which will result from application of new rates.</p>	<p>DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR</p> <p>JAN 31 2008</p> <p>SPRINGFIELD, ILLINOIS</p> <p>American Guarantee & Liability Insurance Company</p> <p>Name of Company</p>
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Denise Goode, Secretary
Official - Title

NOV 19 2007

DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$136,664,048	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

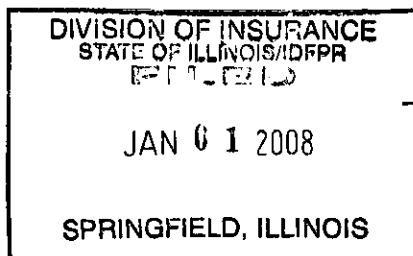
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title



H29219D

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NOV - 1 2007

Illinois

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pe		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	\$3,256,873	1.6%

DIVISION OF INSURANCE
STATE OF ILLINOIS
JAN 01 2008
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

The American Insurance Company

Name of Company

Official — Title

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ILLINOIS (1123)
DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

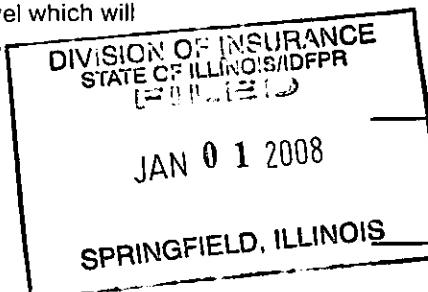
January 1, 2008

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$7,377,276	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates



**American International South
Insurance Company**
Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title

H29219D

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

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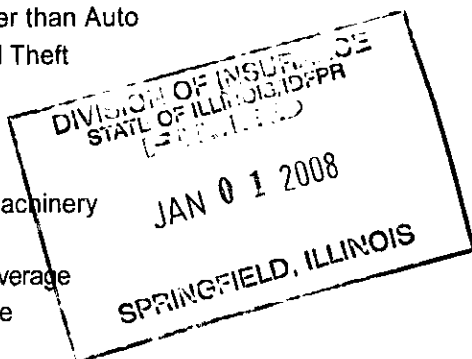
OCT 23 2007

IDFPR (MPC)

DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 15,074,047	-1.55%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of 1/1/2008 NCCI Advisory Loss Costs to be effective for all new and renewal policies on and after January 1, 2008. We will retain our current loss cost multiplier of 1.55 as well as all other aspects of our previous filings.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Interstate Insurance Company

Name of Company

Kathy Wells, State Filing Coordinator

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +5.23% or \$9,222

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	176307	+5.23%
Line of Insurance		

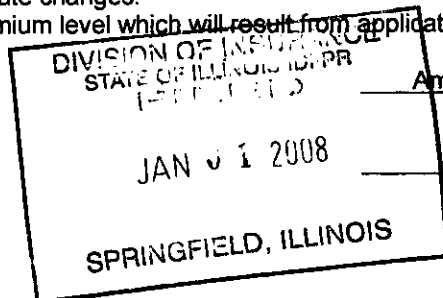
Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing will apply to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

We will be using NCCI loss costs issued in circulars IL-2007-05, IL-2007-06 and IL-2007-07 and approved in circular IL-2007-08.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.



American National Property and Casualty Company
Name of Company

Cheryl Kowalski-Compliance Analyst
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$10,205,047	+1.8%
Line of Insurance		

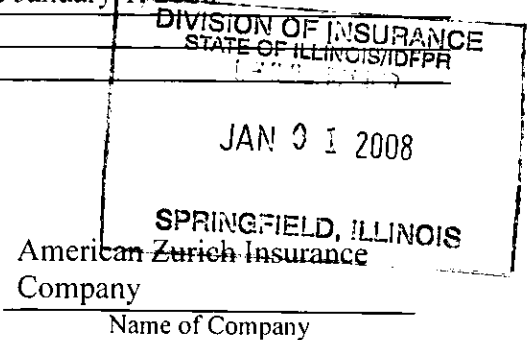
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



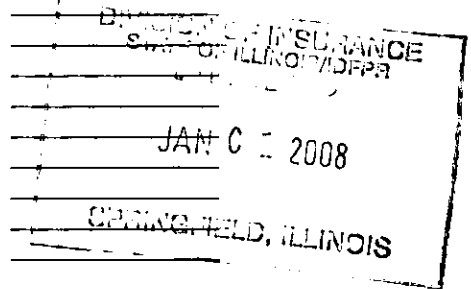
Denise Goode, Secretary
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$916,899	4.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) AmGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2008 per IL-2007-08 with -5% deviation for policies effective on and after January 1, 2008.

* Adjusted to reflect all prior rate changes.

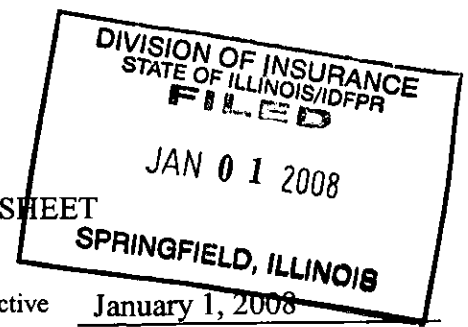
** Change in Company's premium level which will result from application of new rates.

AmGUARD Insurance Company
Name of Company

Mitch Matthews, State Filings Representative II
Official — Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers	\$9,266,851	+1.6%
Compensation		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Arch Insurance Company, a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the captioned January 1, 2008 Advisory Rates, Loss Costs and Rating Values as contained in NCCI Circular Number IL-2007-08. All other rules and rating plans filed by Arch will remain unchanged. The loss costs adopted will be used with our currently approved Loss Cost Multiplier

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Arch Insurance Company
Name of Company

Kathleen M. Ruocco, Compliance
Analyst

Official - Title

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Illinois

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$425,938	1.6%
16. Other _____		
Line of Insurance _____		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2008
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2007

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	\$2,135,870	+1.8%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS

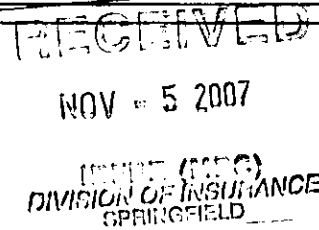
JAN 01 2008

SPRINGFIELD, ILLINOIS

Assurance Company of America
Name of CompanyDenise Goode, Secretary
Official - Title

ILLINOIS SUMMARY SHEET

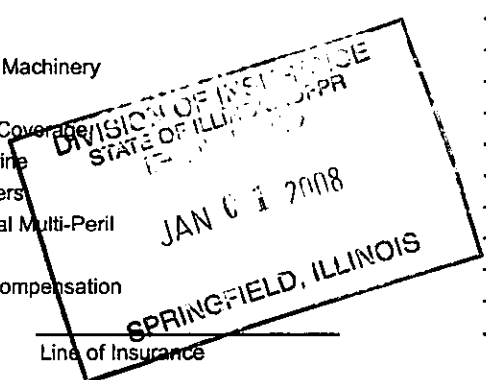
FORM RF-3



Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	198,853	0.00%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.546 to 1.509.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Athena Assurance Company

Name of Company

Margaret M. Salisbury

Senior Regu

Official - Title

Form (RF-3)

SUMMARY SHEET JAN 11 2008

Change in Company's premium or rate level produced by rate
revision effective 1/1/08 SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$620,637	+1.6 %
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2007-08
Maintaining Current multipliers

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Atlantic Specialty Insurance Company
Name of Company

Sharon Sansone
Sharon Sansone, Assistant Vice President Workers Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>workers compensation</u>	1,948,828	3.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of latest NCCI loss cost and revision of loss cost multiplier

*Adjusted to reflect all prior rate changes.

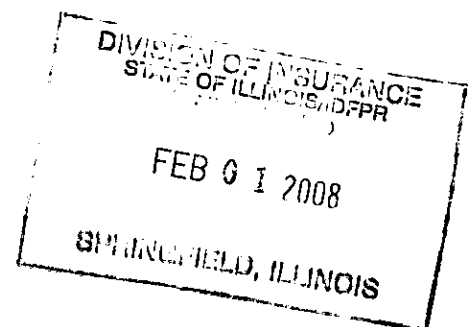
**Change in Company's premium level which will result from application of new rates.

Brotherhood Mutual Insurance Company

Name of Company

Don Glick, AVP Research & Development

Official – Title

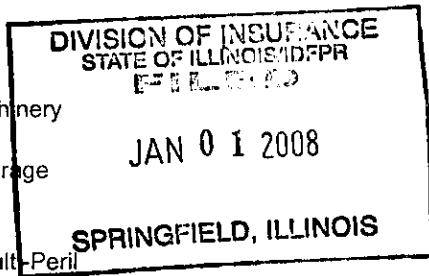


ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$909,000	4%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is to adopt the NCCI
Loss cost as approved effective 1.1.2008. Reference filing NCCI filing approval circular IL-2007-08. The loss cost multiplier for
Carolina Casualty Insurance Company of 1.41 remains unchanged from the previously approved filing.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Carolina Casualty Insurance Company
 Name of Company

Jim Gilbert – Senior Vice President
 Official — Title

ILLINOIS SUMMARY SHEET

NOV - 5 2007

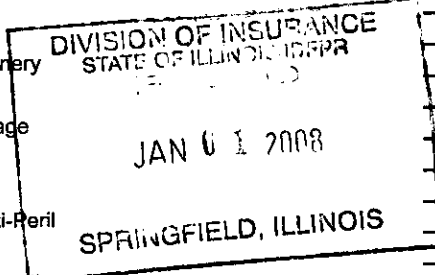
FORM RF-3

DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	6,938,465	-1.30%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 1.701 to 1.661. The filing maintains the current approved deviation of +10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Charter Oak Fire Insurance Company

Name of Company

Margaret M. Salisbury

Senior Regulatory Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,065,953	2.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____
 Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adoption of the 1/1/08 loss costs published by NCCI (NCCI Circular # IL - 2007 - 05)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Chubb Indemnity Insurance Company

Name of Company

Assistant Vice President

Official Title

DIVISION OF INS
STATE OF ILL.

JAN 6 2 08

SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	\$72,890	+0.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLINOIS/CRPR
JAN 01 2008

SPRINGFIELD, ILLINOIS

Colonial American Casualty
& Surety Company

Name of Company

Denise Goode, Secretary

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1)

(2)

(3)

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 3/1/08

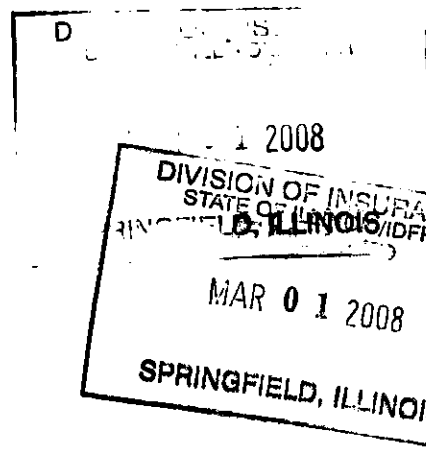
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$812,963</u>	<u>4.0%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Postpone NCCI's effective date of approval circular IL-2007-08 from 1/1/08 to 3/1/08.

* Adjust to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



COLUMBIA NATIONAL INS. CO.
Name of Company

Dennis McVay, CPCU
Director, Research & Development
Official - Title

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DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

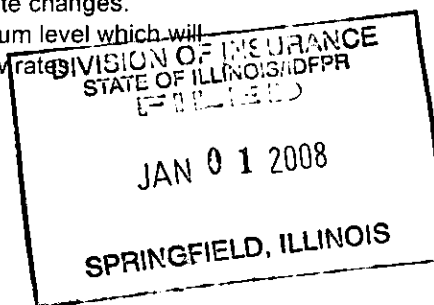
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$103,107,505	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates



**Commerce & Industry
Insurance Company**
Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

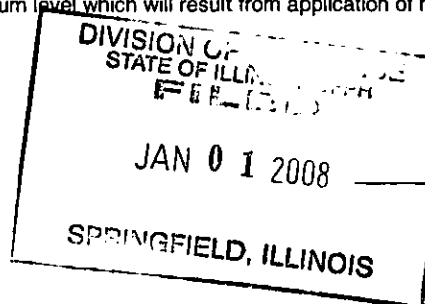
Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,600,000	4.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCIVoluntary rates and rating values effective January 1, 2008 without deviation. Adopting NCCI January 1, 2008Experience Rating Plan values, expected loss rates and d-ratios, and NCCI retrospective rating plan values.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.


Continental Indemnity Company
 Name of Company

Joan Klucarich, Actuary
 Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$500,000	+3.62%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt NCCI
Voluntary Market Rates and Rating Values effective 1/1/2008.
Reference Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

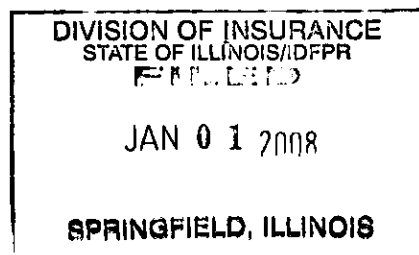
Dakota Truck Underwriters

Name of Company

Holly Dubord

Official Title

Holly Dubord
State Filings Coordinator



Form (RF-3)

SUMMARY SHEET

JAN 0 1 08

Change in Company's premium or rate level produced by rate
revision effective 1/1/08 SPRINGFIELD, ILLINOIS

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$631,595	+1.6%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2007-08
Maintain current multiplier

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Employers Fire Insurance Company
Name of Company

Sharon Sansone

Sharon Sansone, Assistant Vice President Workers
Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	14,593,551	4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

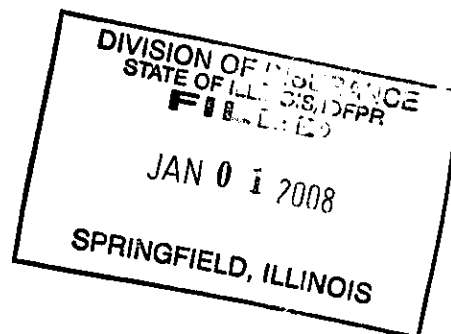
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
1/1/2008 advisory rates with +60% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

NOV - 5 2007

DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	556,175	-1.70%
16. Other		
Line of Insurance		

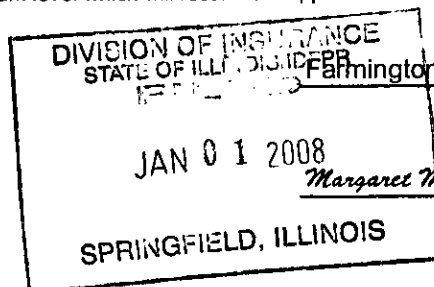
Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 0.927 to 0.905. The filing maintains the current approved deviation of -40.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.



Farmington Casualty Company

Name of Company

Margaret M. Salisbury

Official - Title

Senior Regulatory Analyst

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NOV - 5 2007

IDFPR (217C)
DIVISION OF INSURANCE
SPRINGFIELD, ILL.

50 ILLINOIS ADMINISTRATIVE CODE

CHAPTER I, 1764
SUBCHAPTER I

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

JAN 01 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision
effective 01-01-08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	<u>3,608,479</u>	<u>+9.1%</u>
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: NOBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): LOSS COST ADOPTION

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

FEDERATED RURAL ELECTRIC INS. EXCHANGE

Name of Company

FILED

Annette Alexander

Official--Title

MAR 12 1983

ACTUARIAL ANALYST

SOS - ISL - CODE UNIT

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	35,266,561	1.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

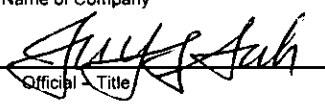
Adoption of the 1/1/08 loss costs published by NCCI (NCCI Circular # IL - 2007 - 05)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

DEPARTMENT OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED JAN 01 2008 SPRINGFIELD, ILLINOIS	Assistant Vice President  Official Title
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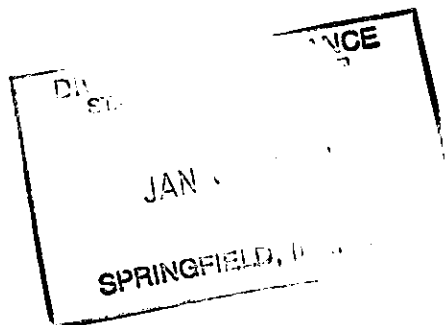
Change in Company's premium or rate level produced by rate revision effective 01/01/2008

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Workers'	\$1,027,454	-0.1%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Fidelity & Deposit Company
of Maryland

Name of Company

Denise Goode, Secretary

Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

RECEIVED

NOV - 1 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

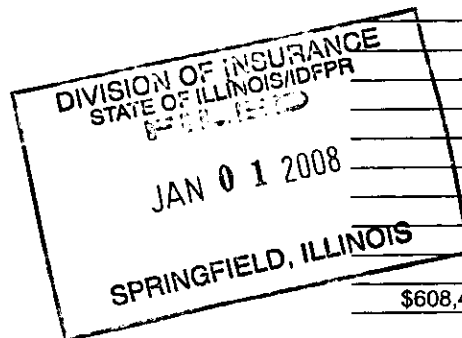
Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	\$608,427	1.6%



Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company
Name of Company_____
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	4,383,017	-5.6

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

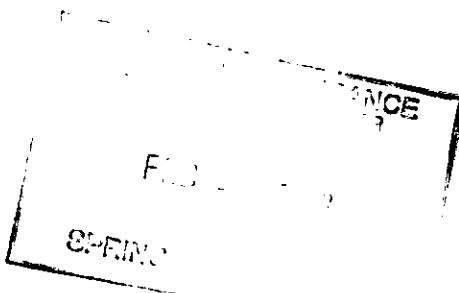
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI
1/1/2008 loss costs and rating values with revised company loss cost multipliers. (LCM 1.817)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The First Liberty Insurance Corporation
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title



SUMMARY SHEET

NOV 19 2007

DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

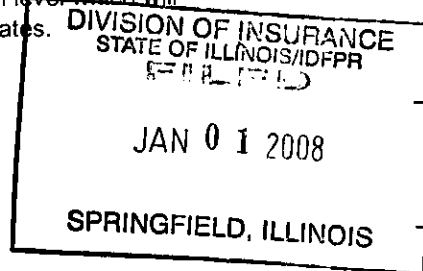
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$282,923	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.



Granite State Insurance Company
Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	909,034	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/08 loss costs published by NCCI (NCCI Circular # IL - 2007 - 05)

*Adjusted to reflect all prior rate changes.

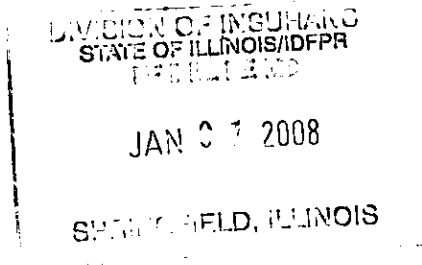
**Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Assistant Vice President

Official Title



RECEIVED

NOV 19 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5-1-08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	5,220,240	+2.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +2.0% overall rate increase. We are adopting NCCI's January 1, 2008 Advisory Rates, Loss Costs, and Rating Values with the rule of application below.

In addition, we are revising our loss costs multipliers for Level 1, 2 and 3.

The required RF-3 is attached for your review.

Rule of Application: These changes shall be applicable to all new business and renewal policies effective on or after May 1, 2008.

Your favorable consideration will be appreciated.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

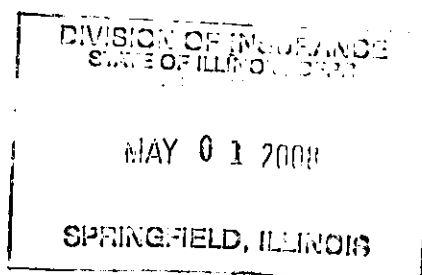
Harleysville Lakes States Insurance
Company

Name of Company

Eileen Fisher

Eileen Fisher
Senior State Filings Analyst

Official - Title



Form (RF-3)

SUMMARY SHEET

RECEIVED

NOV 19 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective 5-1-08

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>117,462</u>	<u>+5.5</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We submit for your review and approval a +5.5% overall rate increase. We are adopting NCCI's January 1, 2008 Advisory Rates, Loss Costs, and Rating Values with the rule of application below.

In addition, we are revising our loss costs multipliers for Level 1, 2 and 3.

The required RF-3 is attached for your review.

Rule of Application: These changes shall be applicable to all new business and renewal policies effective on or after May 1, 2008.

Your favorable consideration will be appreciated.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Harleysville Insurance Company
Name of Company

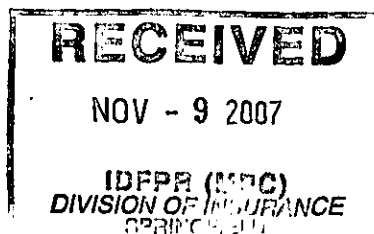
MAY 01 2008

Eileen Fisher

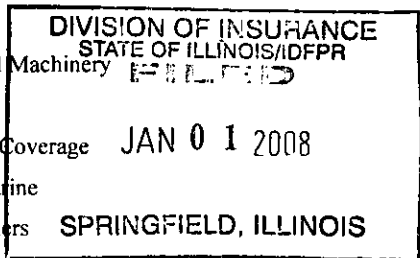
Eileen Fisher
Senior State Filings Analyst
Official - Title

FORM (RF-3)
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$26,563</u>	<u>4.0%</u>
<u>Line of Insurance</u>		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Circular II-2007-08. Adopting new WC Advisory rates effective 01/01/2008.

*Adjusted to reflect all prior rate changes.

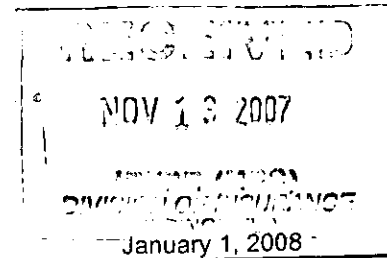
**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company
Name of Company

Anne Thomas, Program Manager
Official--Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$28,726,131	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

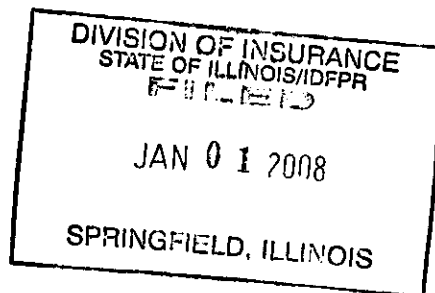
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Illinois National Insurance Company
Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title

H29219D



REGISTERED

NOV 19 2007

DIVISION OF INSURANCE

January 1, 2008

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$22,114,568	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

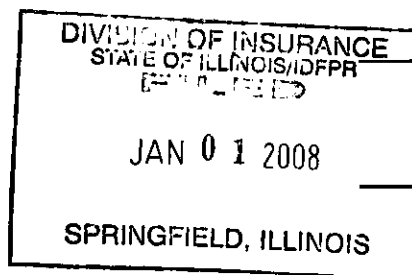
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



The Insurance Company of the
State of Pennsylvania

Name of Company

Joseph Russo

Assistant Manager of State Filings

Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	114,957,482	-5.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI
1/1/2008 loss costs and rating values with revised company loss cost multipliers. (LCM 1.487)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

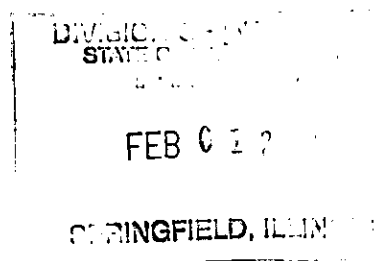
Liberty Insurance Corporation

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	68,373,850	-5.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

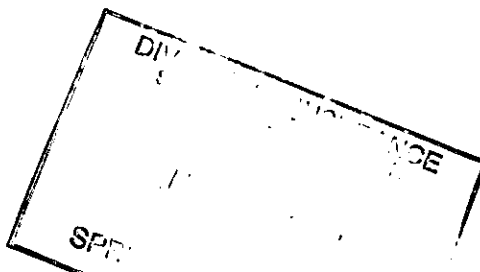
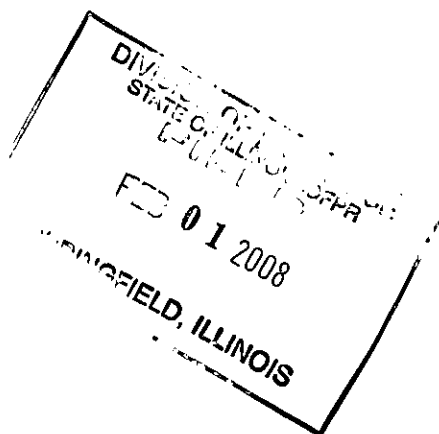
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI
1/1/2008 loss costs and rating values with revised company loss cost multipliers. (LCM: 1.652)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company
Name of Company

Bonnie Roeder State Filings Analyst
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	7,405,033	-5.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI
1/1/2008 loss costs and rating values with revised company loss cost multipliers. (LCM 1.817)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

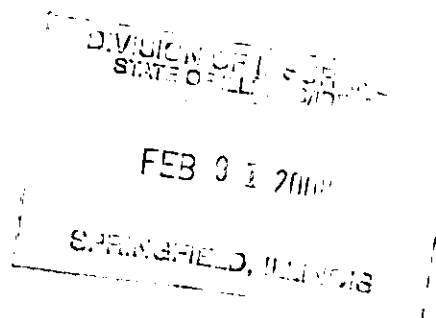
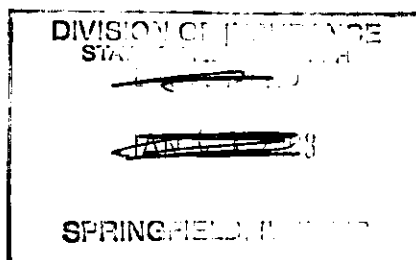
Liberty Mutual Insurance Company

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,077,560	-5.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing to adopt NCCI
1/1/2008 loss costs and rating values with revised company loss cost multipliers. (LCM 1.487)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

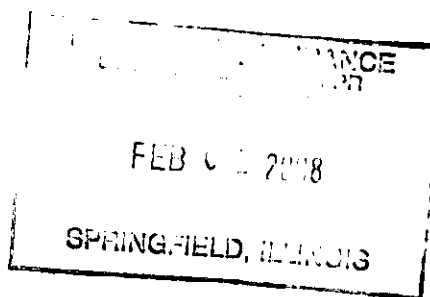
LM Insurance Corporation

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title



Form (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED
JAN 01 2008
01/01/2008
SPRINGFIELD, ILLINOIS (3)

Change in Company's premium or rate level produced by rate revision effective

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	\$2,075,837	+3.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

Maryland Casualty Insurance
Company

Name of Company

Denise Goode, Secretary
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01-01-08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$8,721.00	+4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the NCCI Voluntary rates effective 1/1/08. We are filing a maximum minimum premium of \$750 as opposed to the NCCI maximum minimum premium of \$1000. Please see the attached Manual Exception Page which indicates the maximum minimum premium is \$750. The Manual Exception Page shows the maximum minimum premium and the premium algorithm we filed in 2007, under filing number 2006-02, for our company specific schedule rating plan.

*Adjusted to reflect all prior rate changes.

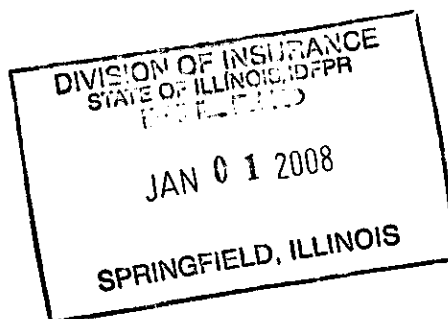
**Change in Company's premium level which will result from application of new rates.

MEMIC Indemnity Company

Name of Company

Product Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	7,895,104	0.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

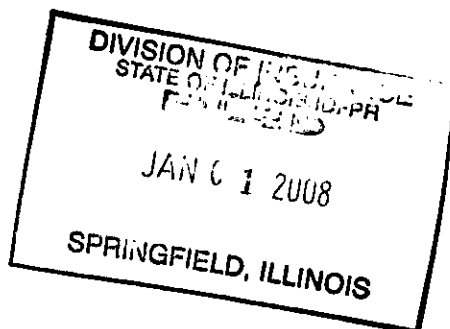
*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Correction

Milwaukee Casualty Ins. Co.
Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager
Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	809,325	-2.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

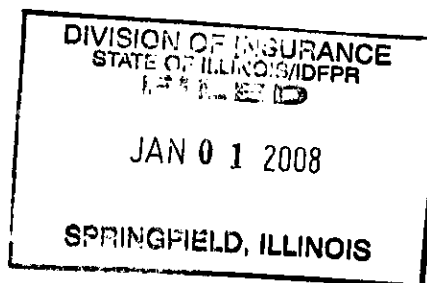
Correction

Milwaukee Insurance Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,312,211	1.6%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

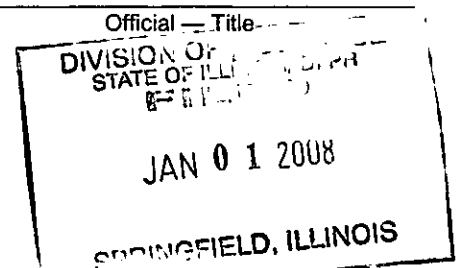
Filing to Adopt NCCI's Approved Loss Cost Change, Circular IL-2007-08

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

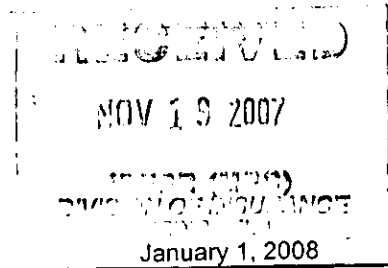
National Surety Corporation

Name of Company



Form (RF-3)

SUMMARY SHEET



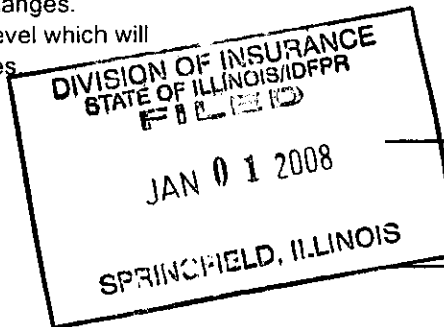
Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$12,955,389	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



**National Union Fire Insurance
Company of Pittsburgh, PA**

Name of Company

Joseph Russo
Assistant Manager of State Filings

Official - Title

H29219D

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 DEPT. (INS)
 DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

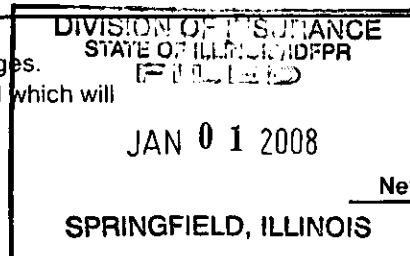
(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$72,790,813	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Rate filing based on NCCI's approved advisory loss costs.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



New Hampshire Insurance Company
 Name of Company

Joseph Russo
Assistant Manager of State Filings
 Official - Title

H29219D

ILLINOIS SUMMARY SHEET

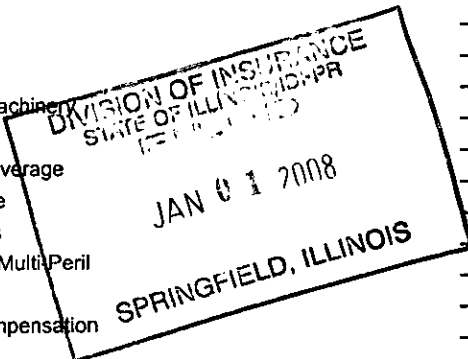
FORM RF-3

NOV - 5 2007

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi Peril		
14. Crop Hail		
15. Workers Compensation	242,280	-0.20%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.546 to 1.509.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

NIPPONKOA Insurance Company

Name of Company

Margaret M. Salisbury

Senior Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$409,205	4.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify N/A

Brief description of filing (if filing follows rates of an advisory organization, specify organization) NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, Inc., Effective January 1, 2008 per IL-2007-08 with no deviation for policies effective on and after January 1, 2008.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

NorGUARD Insurance Company

Name of Company

Mitch Matthews, State Filings Representative II

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

03/01/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	5,858,467	2.9%
16. Other		

Does filing only apply to certain territory(ies) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Loss cost

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

North American Specialty Insurance Company

Name of Company

Linda Snook, P&RS Specialist

Official -- Title

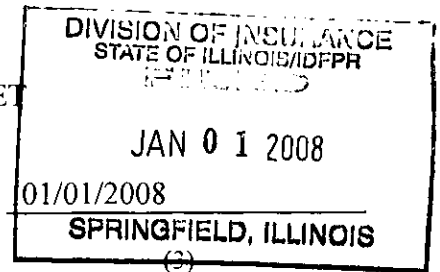
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DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective

01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$3,625,618	+0.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

* Adjusted to reflect all prior rate changes.

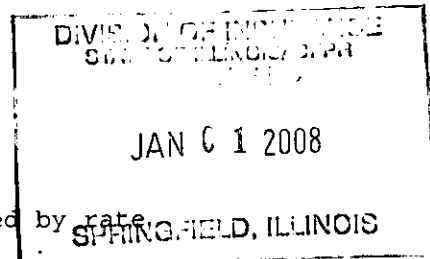
** Change in Company's premium level which will result from application of new rates.

Northern Insurance Company of
New York

Name of Company

Denise Goode, Secretary

Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 1/1/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$648,960	+1.6 %
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

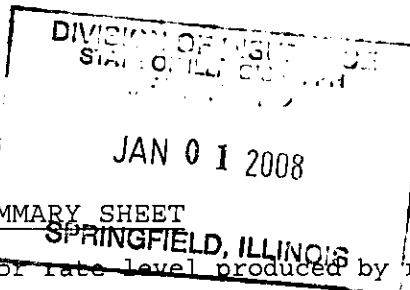
Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2007-08
Maintaining current multiplier and removing t
exception multiplier for class code 8601.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

OneBeacon America Insurance Company
Name of Company

Sharon Sansone
Sharon Sansone, Assistant Vice President Workers Compensation

Official -Title



Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 1/1/08

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$40,242	+1.6 %
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2007-08
Maintaining current multiplier

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

OneBeacon Insurance Company
Name of Company

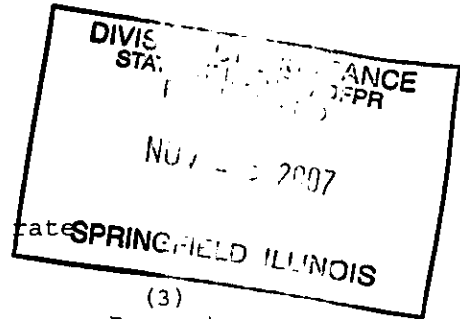
Sharon Sansone
Sharon Sansone, Assistant Vice President Workers Compensation

Official -Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/15/07



(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$40,242</u>	<u>-14.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Change in Company's multiplier in OBIC.
The revised multiplier of 1.292 will be based on the 1/1/07 Loss Costs. This change will be applicable to all policies effective on and after 11/15/07. We are also amending our Schedule Rating Program.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

OneBeacon Insurance Company
Name of Company

Sharon Sansone
Sharon Sansone, Assistant Vice President Workers
Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	4,290,784	0.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/08 loss costs published by NCCI (NCCI Circular # IL - 2007 - 05)

*Adjusted to reflect all prior rate changes.

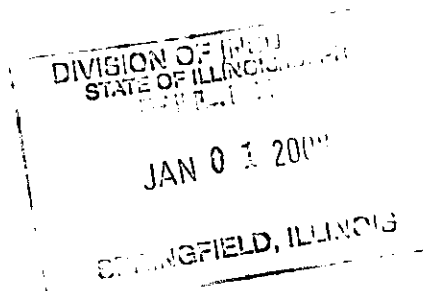
**Change in Company's premium level which will result from application of new rates.

Pacific Indemnity Company

Name of Company

Assistant Vice President

Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

**March 1, 2008 New
May 1, 2008 Renewal**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$726,931	+2.5%
Line of Insurance		

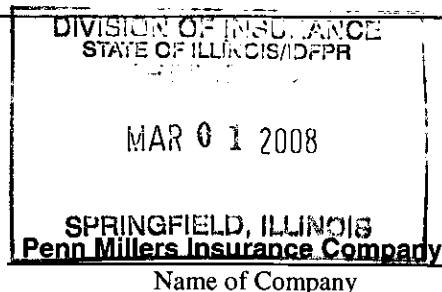
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No, the filing applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of January 1, 2008 NCCI loss costs with no change in current loss cost multiplier of 1.657

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Tracy Yokimishyn - Actuarial Analyst
 Official - Title

ILLINOIS SUMMARY SHEET

NOV - 5 2007

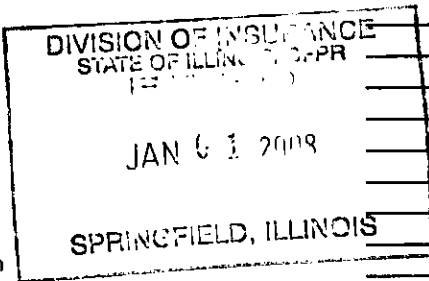
FORM RF-3

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JAN 10 2008

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop/Hall		
15. Workers Compensation		
16. Other		
Line of Insurance	2,975,330	-1.80%



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 2.319 to 2.264. The filing maintains the current approved deviation of +50.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Phoenix Insurance Company

Name of Company

Margaret M. Salisbury

Official - Title

Senior Regulatory Analyst

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,5000,000	100 and classes ^{4.00}
16. Other		
Line of Insurance		

DIVISION OF INSURANCE
IDFPR

JAN 01 2008

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI VoluntaryAdvisory Rates, Loss Costs, and Rating Values Effective January 1, 2008.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Reinsurance Company of America, Inc.

Name of Company

James M. Kernan, President

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$4,681,046	+ 4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Advisory Rates effective 01/01/2008

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 JAN 01 2008
 SPRINGFIELD, ILLINOIS
 Rockwood Casualty
 Insurance Company
 Name of Company

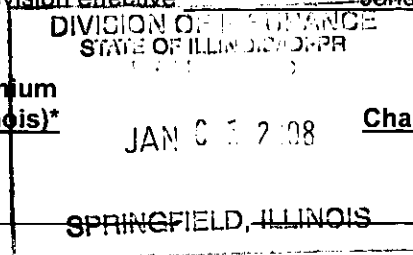
Andra M. Snyder, Regulatory
 Compliance Officer
 Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other <u>Workers' Comp</u> <u>Line of Insurance</u>	\$100,000 estimated	+0.0% <u>4.0%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: This filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2008 as published in NCCI approval circular IL-2007-08 and in Filing Circular IL-2007-05.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company

Name of Company

Marilyn Tinnell, CPCU - Compliance Manager

Official - Title

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NOV - 1 2007

 IDFPR (MPC)
 DIVISION OF INSURANCE
 SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>\$1,500,000 estimated</u>	<u>+4.0%</u>
<u>Line of Insurance</u>		

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2008
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

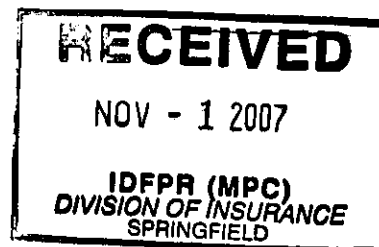
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Voluntary Market Advisory Rates, Loss Costs, and Rating Values effective January 1, 2008 as published in NCCI approval circular IL-2007-08 and in Filing Circular IL-2007-05.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation
Name of Company

Marilyn Tinnell, CPCU - Compliance Manager
Official - Title



ILLINOIS SUMMARY SHEET

NOV - 5 2007

FORM RF-3

RECEIVED
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	7,988,821	0.00%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.856 to 1.811. The filing maintains the current approved deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Fire & Marine Insurance Company

Name of Company

Margaret M. Salisbury

Senior Regu

Official - Title

ILLINOIS SUMMARY SHEET
FORM RF-3

NOV - 5 2007

DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	790,132	0.00%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE
STATE OF ILLINOIS
JAN 01 2008
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.392 to 1.359. The filing maintains the current approved deviation of -10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Guardian Insurance Company

Name of Company

Margaret M. Salisbury

Senior Regi

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

NOV - 5 2007

DEPT. (MCM)
DIVISION OF INSURANCE
SPRINGFIELD

January 1, 2008

Change in Company's premium or rate level produced by rate revision effective

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	3,922,583	0.00%
16. Other		

DIVISION OF INSURANCE
STATE OF ILLINOIS
JAN 11 2008
Line of Insurance SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.546 to 1.509.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Mercury Insurance Company

Name of Company

Margaret M. Salisbury

Official - Title

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

RECEIVED Illinois

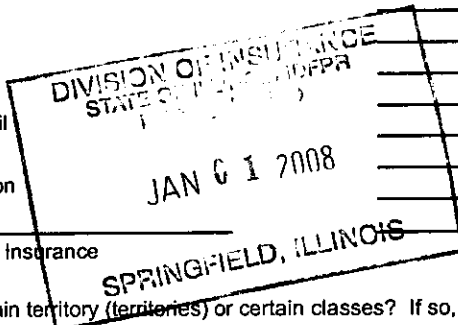
NOV - 5 2007

CLERK OF THE COURT
JUDICIAL BRANCH
JANUARY 1, 2008

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	-5,941	0.00%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 1.856 to 1.811. The filing maintains the current approved deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

St. Paul Protective Insurance Company

Name of Company

Margaret M. Salisbury

Senior Regi

Official - Title

Form (RF-3)

DIVISION OF INSURANCE
 STATE OF ILLINOIS/IDFPR
 JAN 9 1 2008
 SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>3,259,147</u>	<u>+0.5%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/08 and revising our current loss cost multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of
South Carolina

Name of Company

Abbe Cesari – Vice President of
Business Practices Group

Official - Title

Form (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS
JAN 01 2008
SPRINGFIELD, ILLINOIS
1/1/2008

Change in Company's premium or rate level produced by rate revision effective

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	13,162,205	-0.1%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/08 and revising our current loss cost multipliers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of
the Southeast

Name of Company

Abbe Cesari - Vice President of
Business Practices Group

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	1,673,908	+4.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

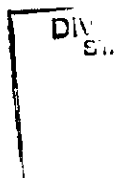
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the following NCCI Circulars: CIF-2006-08, IL-2007-01, IL-2007-03, IL-2007-04, IL-2007-08 & IL-2007-07.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.


Sompo Japan Ins. Co. of America
 Name of Company

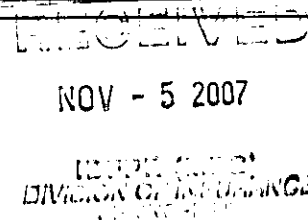
SPRINGFIELD, IL

Mary Lynn Teel,
 State Filings Analyst

M Teel
 Official - Title

ILLINOIS SUMMARY SHEET

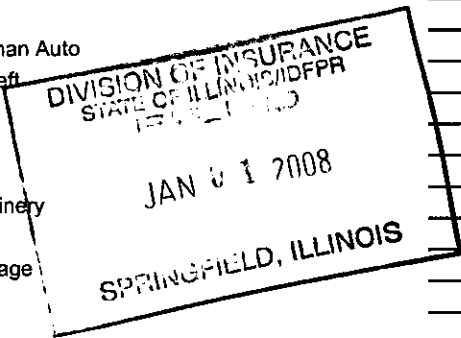
FORM RF-3



Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,020,438	-1.90%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 1.082 to 1.056. The filing maintains the current approved deviation of -30.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Standard Fire Insurance Company
 Name of Company

Margaret M. Salisbury
 Official - Title

Senior Regulatory Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,585,000	-4%
16. Other _____		
Line of Insurance		

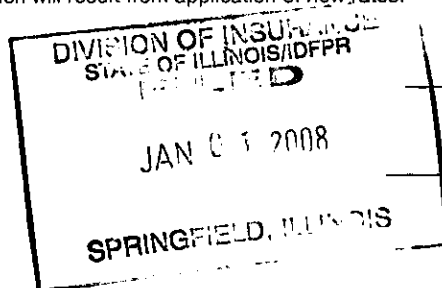
Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Applicable to all territories and classifications

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing is a revision to the Loss Cost Multiplier for Starnet Insurance Company of 1.70 to 1.57. The revised loss cost multiplier will be used in conjunction with the NCCI approved loss cost filing effective 1.1.2008. Ref NCCI filing approval circular IL-2007-08.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



Starnet Insurance Company
Name of Company

Jim Gilbert – Senior Vice President
Official — Title

RECEIVED

NOV 14 2007

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers		
<u>Compensation</u>	<u>2,726,813</u>	<u>4.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

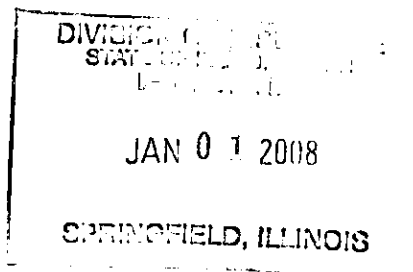
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rating Organization: Insurance Services Office, Inc. (ISO)

IL-2007-08 -- Illinois -- Voluntary Market -- Advisory Rates, Loss Costs, and Rating Values Effective January 1, 2008

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.SUA Insurance Company

Name of Company

Senior Counsel, Assistant Secretary

Official - Title

H29219D

ILLINOIS SUMMARY SHEET

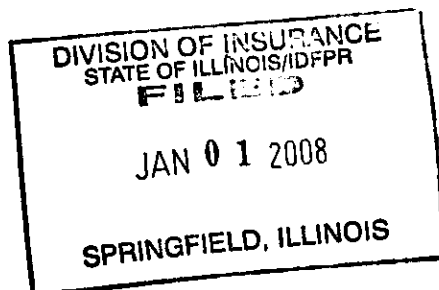
FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage		
Private Passenger	0	0
Commercial	0	0
3. Liability Other than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Workers Compensation	\$17.45 Mil Earned in 2006	0 + 4.00
16. Other _____	0	0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Technology proposes adoption of rates approved for NCCI members as of 1/1/08

- * Adjusted to reflect all prior rate changes. Historical rate changes for the past year have been negligible (As such, actual is shown).
 ** Change in Company's premium level which will result from application of new rates.

Technology Insurance Company _____
Name of CompanySubmitted by: J. Shoenfelt, ACAS, MAAA, FCA
Mgt. Consultant, Shoenfelt Consulting, Inc.
Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp.</u>	\$4,860,462	4%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

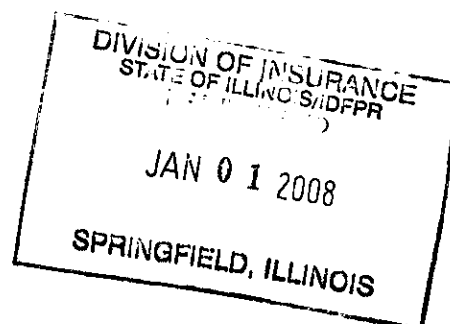
**Change in Company's premium level which will result from application of new rates.

Tokio Marine & Nichido Fire Insurance Company., Ltd

Name of Company

Meen, J. P. - Assistant Analyst

Official - Title



SUMMARY SHEET**RECEIVED**

NOV 21 2007

IDPPH (MPC)
DIVISION OF INSURANCE
SPRINGFIELDChange in Company's premium or rate level produced by rate
revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other 16.0 - Workers Compensation	\$1,697,906	+4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization) Adoption of NCCI Illinois Workers
Compensation - Voluntary Market-Advisory
Rates and Rating Values Effective January
1, 2008

JAN 01 2008

SPRINGFIELD

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will
 result from application of new rates.

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

Gloria A. Goldbranson, FLMI - Compliance Support Leader
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp.</u>	\$591,333	4%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No, it applies to all Loss Costs

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting New NCCI Loss Costs

*Adjusted to reflect all prior rate changes.

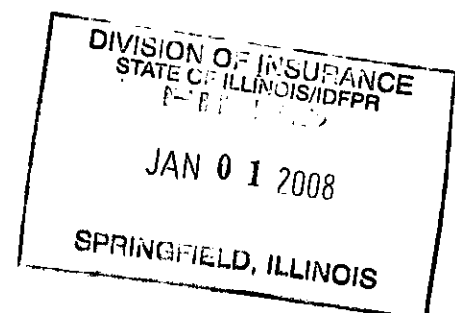
**Change in Company's premium level which will result from application of new rates.

Trans Pacific Insurance Company

Name of Company

Meghan [Signature] Assistant Analyst

Official - Title



ILLINOIS SUMMARY SHEET

FORM RF-3

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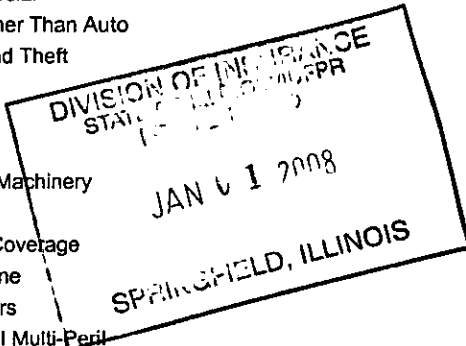
NOV - 5 2007

104381 (10/03)
DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,587,033	-0.20%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.237 to 1.208. The filing maintains the current approved deviation of -20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company

Margaret M. Salisbury

Senior Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

NOV - 5 2007

FORM RF-3

DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,669,771	-1.40%
16. Other		
Line of Insurance		

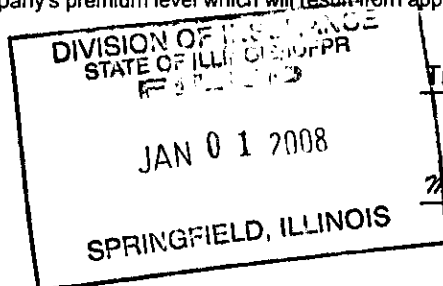
Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 2.011 to 1.962. The filing maintains the current approved deviation of +30.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.



Travelers Casualty & Surety Company

Name of Company

Margaret M. Salisbury

Official - Title

Senior Regulatory Analyst

ILLINOIS SUMMARY SHEET

FORM RF-3

RECEIVED

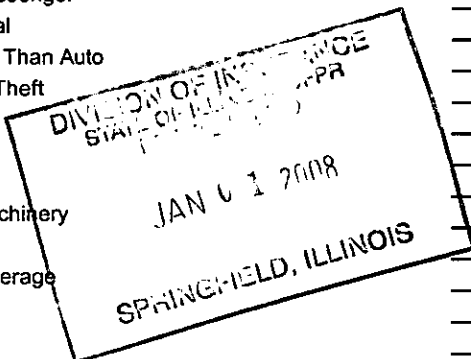
NOV - 5 2007

DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pen		
14. Crop Hail		
15. Workers Compensation	67,412,435	-0.50%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 1.856 to 1.811. The filing maintains the current approved deviation of +20.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company

Name of Company

Margaret M. Salisbury

Senior Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

RECEIVED
NOV - 5 2007
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	14,128,393	-0.60%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

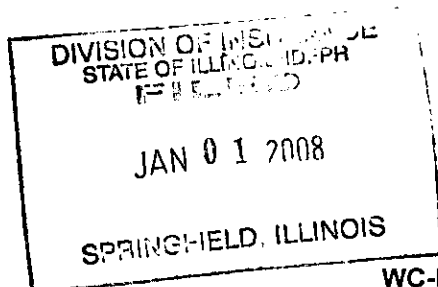
Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.546 to 1.509.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.



WC-IL-7

Travelers Indemnity Company of America

Name of Company

Margaret M. Salisbury

Senior Regi

Official - Title

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

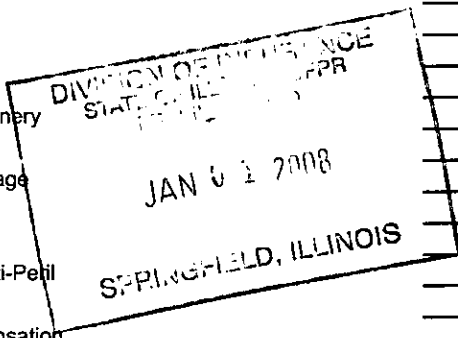
NOV - 5 2007

DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peol		
14. Crop Hail		
15. Workers Compensation	5,487,428	-1.30%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved
Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss
cost multiplier from 1.546 to 1.509.

- * Adjusted to reflect all prior rate changes
- ** Changes in Company's premium level which will result from application of new rates.

Travelers Indemnity Company of Connecticut
Name of Company

Margaret M. Salisbury

Senior Regi

Official - Title

ILLINOIS SUMMARY SHEET

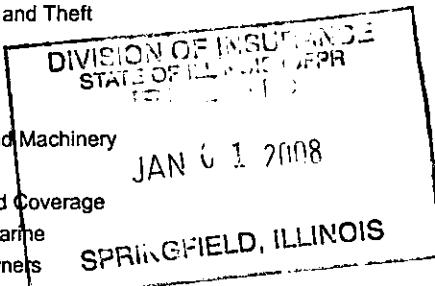
FORM RF-3

RECEIVED
NOV - 5 2007
DEPT (1113)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Pert		
14. Crop Hail		
15. Workers Compensation	49,848,776	-2.70%
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.392 to 1.359. The filing maintains the current approved deviation of -10.0%.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

Margaret M. Salisbury

Senior Regulatory Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	215,634	-1.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

*Adjusted to reflect all prior rate changes.

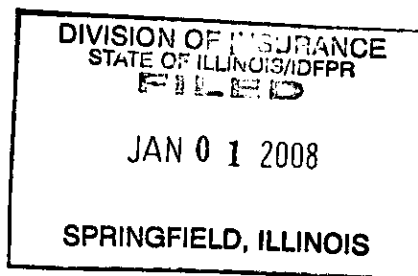
**Change in Company's premium level which will result from application of new rates.

*Correction*Trinity Universal Ins. Co.

Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 3/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$7,251,012	4.80%
<u>Line of Insurance</u>		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI
IL-2007-05). In addition, we are filing to change our Schedule Rating Plan to allow +/-50% and to lower the premium threshold from
\$5,000 to \$1,000.

*Adjusted to reflect all prior rate changes.

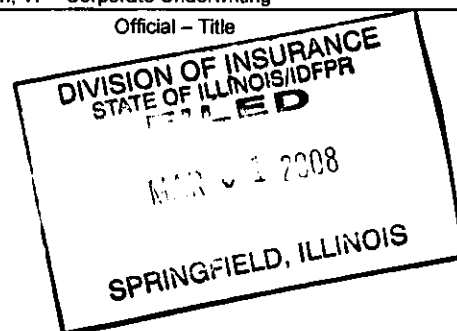
**Change in Company's premium level which will result from application of new rates.

United Fire & Casualty

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title



<u>Coverage</u>		<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	707,886	+5.4%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

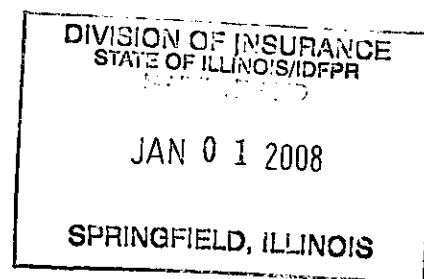
* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Universal Underwriters
Insurance Company
Name of Company

Denise Goode, Secretary
Official - Title

H29219D



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

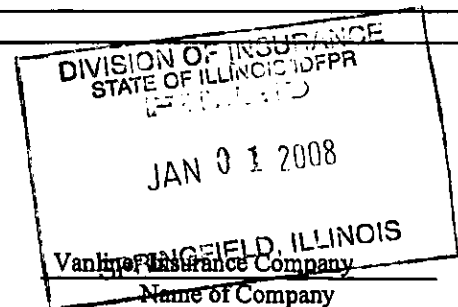
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Work Comp</u>	<u>3,677,408</u>	<u>2.60%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Tina Kampwerth
Senior Compliance Coordinator
Official - Title

H29219D

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	3,245,988	1.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/08 loss costs published by NCCI (NCCI Circular # IL - 2007 - 05)

*Adjusted to reflect all prior rate changes.

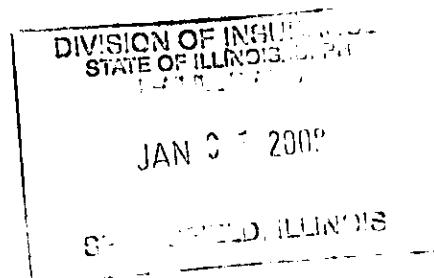
**Change in Company's premium level which will result from application of new rates.

Vigilant Insurance Company

Name of Company

Assistant Vice President

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) Coverage	(2) DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR Annual Premium Volume (Illinois) FILED JAN 01 2008 SPRINGFIELD, ILLINOIS	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	13,360,259	4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
1/1/2008 advisory rates with no company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Wausau Business Insurance Company

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title

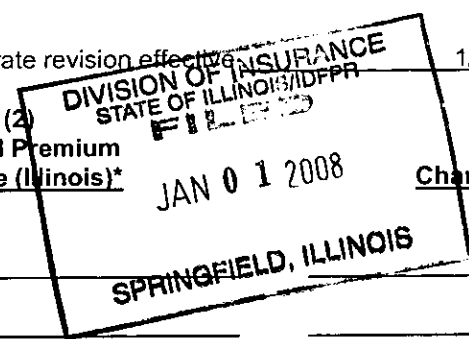
ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

1/1/2008

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	3,621,915	4.0%
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
1/1/2008 advisory rates with -10% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Wausau General Insurance Company

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	15,105,956	4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
1/1/2008 advisory rates with a 30% company deviation.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

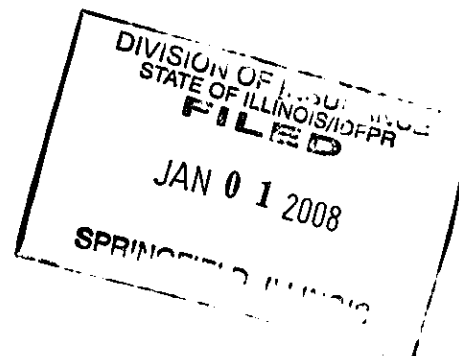
Wausau Underwriters Insurance Company

Name of Company

Bonnie Roeder

State Filings Analyst

Official - Title

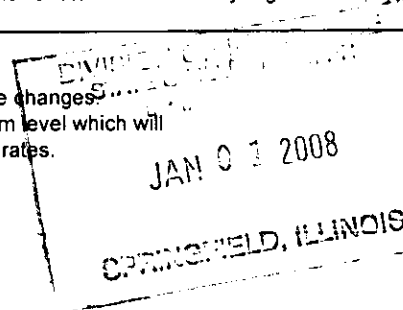


SUMMARY SHEETChange in Company's Premium or rate level produced by rate revision effective 1/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	61,236,795	4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
See Cover LetterBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
See Cover Letter

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.West Bend Mutual Insurance Company
Name of CompanyStephen J. Mueller, CPCU - Product Development Specialist
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

03/01/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler & Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	23,277,403	3.7%
16. Other		

Does filing only apply to certain territory(ies) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)

Adoption of NCCI Loss cost

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Westport Insurance Corporation

Name of Company

Linda Snook, P&RS Specialist

Official -- Title

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NOV 16 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

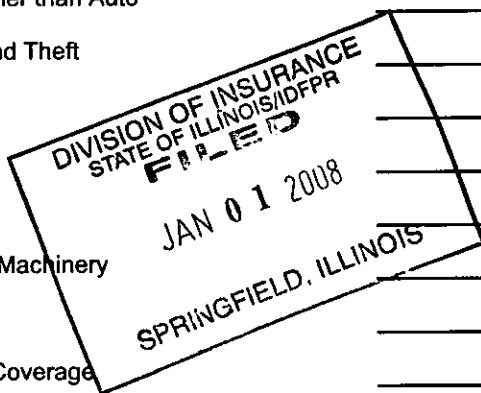
ILLINOIS

ILLINOIS SUMMARY SHEET FORM RF-3

Change in company's premium or rate level produced by rate revision effective

1/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	18,245,843	6.0%
16. Other _____		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

We are filing to adopt the 1/1/08 approved NCCI rates and to maintain our current class deviations.

* Adjusted to reflect all prior rate changes.

** Change in company's premium level which will result from application of new rates.

Zenith Insurance C

Name of Comp

Jason Clarke, Senior Vice Pr

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$54,743,407	+1.4%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

<p>* Adjusted to reflect all prior rate changes.</p> <p>** Change in Company's premium level which will result from application of new rates.</p>	<p>DIVISION OF INSURANCE STATE OF ILLINOIS/IDPR (202) 253-1111</p> <p>JAN 01 2008</p> <p>SPRINGFIELD, ILLINOIS</p>
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Zurich American Insurance
Company

Name of Company

Denise Goode, Secretary
Official - Title

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$3,122,926	+1.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR JAN 01 2008 SPRINGFIELD, ILLINOIS Zurich American Insurance Company of Illinois Name of Company

Denise Goode, Secretary
 Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET